### ART. XVIII.—*Guy's Hospital Reports.* Edited by SAMUEL WILKS, M. D., and ALFRED POLAND. Third Series, vol. VII. London: John Churchill, 1861. 8vo. pp. 392.

THE present volume of this valuable publication contains seventeen original communications, and seven lithographic plates. As has been for some time past our practice, we shall lay before our readers a full analysis of its contents:—

I. The first article in the number is entitled *The Surgery of the Mouth, Pharynx, Abdomen, and Rectum, including Hernia.* By THOMAS BRYANT. This is the third of a series of articles, being published by Mr. Bryant in the *Reports*, that are intended to illustrate, from cases that have occurred in Guy's Hospital, the surgery of the different regions of the body. In the two preceding articles the clinical surgery of the nervous, respiratory, and circulatory systems was considered.[1]

The source from which the material for the present paper is drawn is thus tabulated:—

| Diseases. | Cured or relieved. | Died. | Total. |
|---|---|---|---|
| Hare-lip . . . . . . . . . . | 46 | 1 | 47 |
| Cancer of the lip . . . . . . . | 52 | 2 | 54 |
| Affections of the tongue . . . . . | 27 | 3 | 30 |
| Affections of the palate, tonsils, and pharynx | 44 | — | 44 |
| Stricture of the œsophagus . . . . . | 14 | 2 | 16 |
| Contusions of the abdomen . . . . . | 53 | 1 | 54 |
| Ruptured viscera . . . . . . . . | 4 | 13 | 17 |
| Strangulated hernia— | | | |
| Inguinal . . . . . . . . . | 108 | 26 | 134 |
| Femoral . . . . . . . . . | 103 | 47 | 150 |
| Umbilical . . . . . . . . . | 13 | 5 | 18 |
| Anal abscess and fistula . . . . . . | 236 | — | 236 |
| Hemorrhoids . . . . . . . . . | 61 | — | 61 |
| Stricture of the rectum . . . . . . | 45 | 3 | 48 |
| Other affections of the rectum . . . . | 31 | — | 31 |
| Total | 837 | 103 | 940 |

These cases, it may be interesting to know, were admitted into the Hospital from October 1, 1853, to March 30, 1861, or in a period of seven and a half years.

Of the cases of *hare-lip*, only one-half were simple; fissure of the hard and soft palate existing in at least 50 per centum. In all but three an operation was performed, and with a good result, except in four cases. A boy, aged eleven days, died four days after the operation, from which he never rallied; and in three cases, aged respectively four weeks, five weeks, and five months, the parts subsequently separated after operation. In two of these three cases the operation was repeated with success; in the third case, aged five months, a second operation was postponed till the child's health had improved.

From the consideration of these cases, we see the propriety of deferring all operative interference in cases of hare-lip until the vital powers of the child have become established, and able to resist a certain tax upon their strength. If, however, the existence of the child should be endangered by inability to suckle, or if, as we have known, it should be regarded by the parents as a repulsive object and purposely neglected, the surgeon ought to endeavour to remedy the deformity without delay.

The period fixed upon by Mr. Bryant as the most favourable for operating is about the third month. This, provided the patient be in good health, is probably correct so far as simple cases are concerned; but in those complicated with projection of the intermaxillary bone, or with cleft bony palate, cases in which the operation is attended with dangers and difficulties, we believe ourselves that it should be deferred until the child is fully three years of age.

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[1] For an analysis of these articles, see the numbers of the Journal for January, 1860, and July, 1861.

The plan of operating for the relief of this deformity, described first by Malgaigne, is strongly recommended by Mr. Bryant. It possesses the great advantage of preventing the little notch, left almost constantly at the extremity of the cicatrix, on the free edge of the lip, after the ordinary method of operating. This plan consists simply in paring the edges of the wound from above downwards, leaving the inverted flap adherent at its labial border. The divided lips being brought together above, the lower flaps may be connected by a fine suture, and if they are found to be too long it is easy to curtail them. An important modification of this operation, with which Mr. Bryant cannot be acquainted, or he would certainly have recommended it, has been made by Nélaton, in whose hands we have repeatedly seen it effect a very perfect result. In place of forming two flaps, Nélaton prolongs the incisions beyond the angle of the cleft in the lip where they meet, so that the parts detached from the lip represent the letter V inverted; they are then turned down and form below the lip the same letter V, but in its usual position. In order to perform this operation well the angles of the lip must be hooked by a tenaculum. After the parts are turned down the sides of the lozenge-shaped opening which is left are placed in contact by one suture to prevent the depressed flap from returning to its position. The advantages of this method of operating are very great; a child must suck, and he will cry and rub his lips; all this destroys the dressings placed over the parts, and the sutures ulcerate and become loose. When, however, this operation has been performed, the edges swell and become covered with granulations, and a *natural suture* is formed, and remains even if the others do give way, and exactly at the inferior part of the lip, where it is most needed. Even if primary union does not take place, secondary union does, just as regular, and just as complete.

Under the head of *cancer of the lip*, Mr. Bryant includes all cases of cancer, and of epithelioma or cancroid of the lip. Of the 54 cases, 3 took place in women; and in 52 of the 54 the disease attacked the upper lip. This position of the disease and its attacking only the male sex are totally unintelligible points. If they were understood we might probably know more in regard to its concealed causes. We feel considerable curiosity ourselves as to whether the three women exceptionally affected were in the habit of smoking tobacco in clay pipes. If they were all smokers, the fact of their becoming affected when cancroid of the lip is so very rarely seen in women, would furnish the strongest argument we have yet met with in favour of pipe-smoking being a cause of the affection.

The treatment recommended by Mr. Bryant is that generally adopted by surgeons, namely, early excision, repeated at the earliest reappearance of the disease.

No cases of diseases of the gums, not even of epulis, are given by Mr. Bryant, and in the chapter on *diseases of the tongue*, we find nothing calling for notice unless it be the treatment recommended for sublingual cysts. A moderately free opening is made into the cyst, and its cavity is then freely plugged with lint so as to excite inflammation of its walls.

In *tonsillitis*, in the early stage, gum guiacum, which he generally prescribes in the ordinary form of the mistura guiaci of the London Pharmacopœia, is said by Mr. Bryant to possess a most marked beneficial influence. In all the cases of *chronic enlargement of the tonsils* excision was performed, and generally with the guillotine.

Of *tumours of the pharynx*, those hard, fibrous growths, from the upper part of the pharynx or the base of the skull, two cases are very briefly related. In one case, he says that these tumours should be removed by ligature passed through the nose by means of a double canula; and in the other, that the tumour "was found to have been malignant." He adds, that though of interest pathologically, but little can be done surgically for their removal. Mr. Bryant, consequently, appears to be unacquainted with the successful operations of Flobert and of Nélaton, and of other French surgeons, for the extirpation of these fibrous growths.

The chapter on *contusions of the abdomen and ruptured viscera*, notwithstanding the importance of the subject, contains nothing calling for particular notice, the chief practical points being the same with those in Mr. Poland's contribution on the same injuries in the 4th vol. of the *Reports*, noticed in the *Journal* for April, 1859.

Though the chapters on *Strangulated Hernia* in Mr. Bryant's paper, do not contain much that is novel to the profession, yet the analysis of the large mass of material in his possession, and the deductions to be drawn from it, cannot fail to prove interesting. As seen in the table, over three hundred cases of strangulated hernia are recorded, a number quite sufficient to yield important conclusions. The use of statistics is an easy and, therefore, a favourite subject of ridicule, but with us no considerations are regarded with greater interest and possess greater weight than those drawn from "registered experience."

According to Mr. Bryant's table of 100 cases of strangulated hernia, 50 are inguinal, 44 femoral, and 6 umbilical. Now, as we know, from the report of the City of London Truss Society, that out of every 100 cases of hernia, 84 are inguinal, 10 femoral, and 5 umbilical (the fraction being divided between the three), femoral hernia must be nearly eight times more subject to strangulation than inguinal.

As regards the relative frequency of the successful application of the taxis and herniotomy in the different forms of strangulated hernia it appears that in every 100 cases of inguinal, 36 require operation, and 63.9 are reduced by the taxis; in every 100 cases of femoral, 73 require operation, and 26.7 are reduced by the taxis; and in every 100 cases of umbilical, 27 are operated upon, and 73 are reduced by the taxis.

The following table illustrates clearly and briefly the various points elucidated by Mr. Bryant's statistics expressed in percentages. It is impossible for any surgeon to consider it with care without perceiving that it brings before him many and important facts:—

| FORM OF HERNIA. | Frequency of Occurrence. | Per cent. Strangulated. | REDUCED BY TAXIS. | | REDUCED BY HERNIOTOMY. | | SAC OPENED. | | SAC NOT OPENED. | | Mortality of whole number strangulated. |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | Per cent. | Mortality. | Per cent. | Mortality. | Per cent. | Mortality. | Per cent. | Mortality. | |
| Inguinal . . . . | 84 | 50 | 64 | 3 8 | 36 | 52 | 80 | 60 | 20 | 22 | 21 |
| " congenital . . | | 24 | 57 | 0 | 43 | 38 | 84 | 45 | 15 | 0 | 17 |
| " recent . . . | | 5.7 | 28 | 0 | 72 | 100 | 80 | 100 | 20 | 100 | 71 |
| " old . . . | | 70 | 70 | 5 | 30 | 50 | 77 | 60 | 23 | 1.6 | 19 |
| Femoral . . . . | 10 | 44 | 27 | 10.5 | 73 | 42 | 56 | 50 | 43 | 30 | 33 |
| " recent . . . | | 21 | 32 | 0 | 68 | 66 | 38 | 87 | 62 | 54 | 45 |
| " old . . . | | 78 | 25 | 14 | 75 | 36 | 62 | 45 | 38 | 22 | 30 |
| Umbilical . . . . | 5 | 6 | 73 | 10 | 27 | 80 | | | | | 27 |

The deduction made by Mr. Bryant from this table in regard to opening the sac in the operation for the relief of what is called *strangulated* hernia is decidedly unfavourable thereto. According to it, in all cases of inguinal, femoral, or umbilical hernia, recent, old, or congenital, the mortality is less when the sac is not opened; and Mr. Bryant, as a consequence, very justly remarks, "the surgeon is hardly justified in taking an unnecessary step by opening the sac when no benefit but some harm appears to result." He adds also: "It may be a satisfactory thing on the part of the surgeon to know the condition of the hernial contents, but practically such knowledge is of little use; and unless it can be proved that such an inspection is of any value the opening of the sac must be regarded as unnecessary." We shall not stop to attempt to prove the value of inspection of the bowel in suspicious cases, though many surgeons would prefer making sure not to return it in a state of mortification, but call attention to the fact that Mr. Bryant ignores totally anything like stricture at the neck of the sac itself. In no place does he refer to it. Now, undoubtedly, the chief reason for opening the sac is to search for stricture at its neck, for autopsies after operations have repeatedly shown the intestine strangulated in the sac and by the neck of the sac itself.[1] Malgaigne, in his celebrated memoir on the subject, denies that strangulation is ever produced by the fibrous orifices through which the sac passes, and, though this may be an extreme opinion, it is not, practically, so dangerous a one as that which ignores totally all strangulation except from these orifices. It is from a want of attention to this fact that Mr. Bryant does not state whether or no the patient has worn a truss, for the pressure of this instrument, as Sharp long ago remarked, by bringing the two sides of the sac almost into contact with one another at that part near the rings of the abdomen, gives rise to a stricture in its entrance or neck. His statistics would have had far greater interest to us had he mentioned this circumstance, for a truss having been worn would tell us at least that the sac had a neck, where the seat of stricture might possibly be.

There is another observation to be made in regard to Mr. Bryant's cases of *strangulation*, which is, that the constriction in all of them was very certainly not very tight. We read, for instance (Case 3, page 50), that on admission the *strangulation* had existed for five days, and yet the intestine was reduced and the man recovered. Now, as a matter of course, there is no *strangulation* in cases like this, for the parts would then have long been perfectly dead. It is, we conceive, highly improper to style such cases cases of strangulation from the influence the name has upon the practice. An affection is styled a *strangulated* hernia, and the surgeon hastens to divide a stricture; if styled *inflamed* hernia, as it really is, he would endeavour to diminish the inflammation by local and general measures, and then when the inflammation shall have subsided, if the hernia be reducible, endeavour to return it to its normal position.

It does not require much reflection to perceive that this question is not merely one of words, nor one of solely pathological interest, but a question that interests most deeply the life of the patient. Statistics show us that the operation for strangulated hernia is one of great fatality, and a correct view of the question before us will spare many men the risk of its dangers.

On the *after-treatment* in cases of so-called strangulated hernia reduced either by the taxis or by operation, Mr. Bryant makes some very useful remarks, in which he points out that the object of the surgeon is unquestionably best carried out by preserving rest of the injured or inflamed parts, and that opium, in moderate doses, is therefore indicated. Respecting purgatives there are few, if any, cases in which they should be employed; so soon as the injury sustained by the bowel is repaired the natural functions of the intestine will return and an evacuation will follow.

For the treatment of *fistula in ano*, Mr. Bryant says that but one operation appears to be of benefit, and that is the division of the sphincter. The injection of the sinus was attempted in a few of the cases, and with no great success. As respects the connection between phthisis and fistula, Mr. Bryant's experience is quite remarkable; for in only three of the cases was there any symptom of pneumonic phthisis, and the majority of the patients presented no more severe cachectic symptoms than exist in any other class of hospital patients.

In 23 out of the 61 cases of hemorrhoids a palliative treatment was sufficient. The patients were kept on low diet in the horizontal position, and a pill of 1 gr. of pil. hydrargyri and 3 grs. of ext. conii was given twice a day, with an oleaginous mixture. In the more severe cases, when the piles were external (in 17 cases) they were excised, when internal they were ligatured or destroyed by the application of nitric acid; the ligature being used when some portion only of the bowel's circumference was involved, and the acid when the disease was more extensive.

The other diseases treated of in Mr. Bryant's paper are *prolapsus*, *painful ulcer*, *polypus*, and *stricture of the rectum*, but we have found nothing to remark in these four chapters except the fact that they are all exceedingly meagre and unsatisfactory.

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[1] See Broca "De l'Etranglement dans les Hernies," &c. Paris, 1853, p. 94. This point is particularly dwelt upon by the old English surgeon Sharp, "Critical Inquiry," &c. London, 1750, page 32.

The whole of this paper, like the one preceding it in the series, bears everywhere evidence of haste in its preparation.

II. *Remarks on Kiestine, and its Existence in the Virgin and Sterile States.* By J. BRAXTON HICKS, M.D.

In this paper, after some preliminary observations upon the nature and tests of kiestine, Dr. Hicks brings forward seven cases to show that it may exist in the urine of a person not pregnant, and who never had been. One of them (Case V.) is quite conclusive on the subject. It is as follows:—

"——, healthy young woman, æt. 21; imperforate hymen; retained menses; vagina distended to the utmost, and uterus about the size of a large fist, as far up as umbilicus. Kiestine well marked; no milk in breasts."

III. *On Syphilitic Blotch of the Conjunctiva.* By JOHN F. FRANCE.

The peculiar manifestation of syphilis described by Mr. France, in this communication, must be exceedingly rare. We have never seen it referred to by writers on the venereal; and Desmarres, in his *Maladies des Yeux*, states, that he has never seen on the oculo-palpebral conjunctiva either *plaques muqueuses*, or, *copper-coloured eruptions*.

The *syphilitic blotch* of Mr. France, of which Mr. Smee first reported a case, in 1844, in the *London Medical Gazette*, is described as a limited and well-defined discoloration of the mucous membrane of the globe, which, within the affected area, is slightly thickened and raised; but not conspicuously, if at all, more vascular than the neighbouring surface. There does not seem to be any disposition to ulceration, as when the margin of the lid is attacked with syphilis; there is no pain, and no morbid discharge.

Three cases of this affection, occurring in a man, a woman, and a child, are related, and a coloured plate, representing their eyes, is attached to the communication.

IV. *Obstruction of the Superior Vena Cava, at its Termination in the Heart.* By G. OWEN REES, M.D.

Three cases related in this interesting paper illustrate: 1st. Obstruction of the superior vena cava from fibrin, "evidently of old date, being very tough, and closely incorporated with the walls of the vessel, and converting it into a solid cord." 2d. Obstruction from a remarkably hard fibrous cancer, occupying the mediastinum surrounding the bloodvessels; and 3d. Obstruction from a cancerous fungoid growth, which extended over the base of the heart, implicated the great vessels, and even penetrated the heart itself.

A plate is attached to this paper, representing the case first related.

V. *Report on Pyæmia, and some Allied Affections.* By SAMUEL WILKS, M.D.

The main object of this paper is to examine some of the facts connected with the post-mortem appearances after death from pyæmia; and for this purpose Dr. Wilks has placed together all the cases of fatal pyæmia which have occurred in Guy's Hospital during the last eighty years, and in which post-mortem examinations have been made. They are 173 in number, and a sufficiently full history of each one is given separately. These cases are divided into different series in accordance with the circumstances which gave rise to the disease, as the causes of pyæmia constitute the most practical point of interest.

Dr. Wilks only touches briefly on the pathology of pyæmia, but clearly states his adhesion to the modern theory, that the elements of pus or some allied matters are introduced into the blood, which then induce similar inflammatory products elsewhere. The channel of infection is probably to be found in some vein or small vessel that has taken up the morbid matter. The result of its introduction into the circulating fluid is to cause it to coagulate either in the large vessels or in the capillary system of the viscera. This coagulation of the blood is the first stage of the morbid condition produced in the viscera, and the last stage is suppuration. The local disease, however, found in the lungs and other parts after death, is not sufficient, in the majority of cases, to account for death through the instrumentality of the organs themselves, and recourse must be had to the blood-disease itself, and its effects on the system or nerves, to account for the event.

This communication of Dr. Wilks is by far the most important one in this volume of the "reports," and forms perhaps the most valuable contribution that exists, to our knowledge, of pyæmia, the most dreaded enemy the surgeon has to encounter. Its nature, however, is such as to defy anything like a brief analysis, and we must content ourselves, after the short account just given of Dr. Wilks's views as to its patholgy, with calling to it, as well as we are able, the attention of the profession.

VI. *On the Influence of Alkalies in Checking the Production of Artificial Diabetes, and in Leading to a Rapid Disappearance of Amyloid Substance from the Liver.* By F. W. PAVY, M.D.

VII. *On the Influence of an Acid in Producing a Diabetic State of the Urine.* By the same.

XVII. *Researches on the Influence of Various Articles of Food on the Elimination of Sugar in a Case of Diabetes, with Reports of other Cases Successfully Treated by Restriction to a purely Animal Diet.* By the same.

These three communications can be very advantageously considered together. Dr. Pavy, in a paper in the fourth volume of *Guy's Hospital Reports*, noticed in the number of this *Journal* for April, 1859, maintained, as a result of experiment, that in the liver a substance is formed, convertible with extreme facility into sugar, by a process allied to fermentation; that this substance seems to have the power to resist this transformation while located in the tissue of the living and healthy liver; but with the destruction of life this power of resistance is at an end, and the organ then becomes speedily charged with the saccharine principle. The fifth volume, noticed in this *Journal* for January, 1860, contained another communication from Dr. Pavy, in which he argued, from experiments, that the medulla oblongata through the sympathetic nerve gave to the liver this force or condition by which this chemical tendency to a saccharine metamorphosis is overcome. The communications to the present volume, as seen from their titles, continue this interesting and important subject, of the formation in the liver of amyloid substance,[1] and the influence of certain substances upon its production and its conversion into sugar.

The following is a summary of the results arrived at by Dr. Pavy, in consequence of his experimental researches as to the action of an alkali:—

The introduction of carbonate of soda into the circulation prevents the production of saccharine urine after lesions of the sympathetic otherwise occasioning it. When it is injected into the portal system during life, it causes a rapid disappearance of amyloid substance from the liver without any sign of the production of sugar. The amyloid substance, in disappearing under the action of the alkali, does not undergo transformation into sugar, nor is it destroyed by any direct chemical power possessed by the carbonated alkali; the facts seem to suggest that it is transformed by a process of the nature of catalysis. Though it cannot be said positively that the amyloid substance is directly transformed into fat, yet there is a close connection between its disappearance from the liver, the production of fat in that organ, and the condition of the bile.

It is well to add that the quantity of carbonate of soda, used by Dr. Pavy in his experiments, which, as usual, were performed upon dogs, was from fifty to two hundred grains, dissolved in from four to eight drachms of water. To produce its effect he found it necessary, when throwing it into the portal system, to inject it rapidly; or else to impede the escape of blood from the liver, by holding the muzzle of the animal so as to temporarily check its breathing: for in this way the carbonate of soda is delayed in the liver, and thus enabled to bring about the chemical alteration just noticed.

In the experiments made to determine the effect of depriving the blood of its natural alkalinity, Dr. Pavy introduced phosphoric acid into the duodenum or some other portion of the small intestine. The preparation used was the officinal dilute phosphoric acid of the London Pharmacopœia, the formula for which is given in the *United States Dispensatory*, and from ten to thirty drachms were injected. From these experiments it is evident that the presence of an acid in sufficient amount in the system so prevents the normal processes of life as to occasion a considerable production of sugar, which passing into the blood escapes by the urine. This must be considered to be caused by the effect of the acid upon the liver, as a consequence of which the chemical disposition of the amyloid substance to change into sugar is allowed to come into play.

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[1] The term *hepatine*, first given to this substance, is abandoned by Dr. Pavy, for the reason that it is found in the other parts of the body besides the liver.

In the third communication of Dr. Pavy to this volume, a minutely detailed history of a case of diabetes is given, in which the relation existing between the ingestion of different articles of food and the extent of elimination of sugar by the urine was carefully investigated. The patient being in the hospital, he could be strictly observed, and every regulation enforced; a laboratory was at hand with all the needful chemical agents and appliances, and a staff of active and intelligent students rendered their assistance in carrying on the investigations. From the 1st of February to the 21st of March, every four hours, the urine was examined, and its quantity, its specific gravity, with the quantity of sugar per ounce, and also the whole quantity, were noted. The case is first related at length, with the daily observations and comments; the results are then given, in tabular form, for greater facility of examination and comparison, and a diagram is added, so arranged that at a glance one may see the influence of the food, each day, upon the quantity of sugar in the urine. When the patient had the ordinary full diet of the house, the amount of sugar daily discharged in the urine was 10.500 grains; when he took only meat, beef-tea, and jelly without sugar, the quantity was 594 grains. At the same time that the quantity of sugar diminished the patient improved strikingly in appearance, health, and strength; he did not object to this kind of food, did not get tired of it, and said that he felt no longing after bread nor any other vegetable substance. He was allowed greens, however, as they were found by observation to produce no ill effects. He left the hospital plump and happy, saying that he never felt better in his life; he had no thirst, no dryness of the skin, and his appetite was easily satisfied.

The reports of several other cases, less minutely related, are subjoined in this communication. They were all treated by restriction to animal food, and in all the treatment proved in the highest degree successful in affording to the patient complete relief from the bodily symptoms of his complaint. The quantity of sugar in the urine was always greatly diminished, and in one case it totally disappeared.

On reviewing the results produced in these cases of diabetes, by the influence of food, Dr. Pavy says: "In the healthy person the starch and the sugar consumed as food are assimilated, and rendered subservient to the requirements of the economy. In the diabetic, there is an absence of this power of assimilation, so that whatever of such food is taken, on account of its not being properly elaborated, it filters through the system in obedience to the simple laws of physics. I believe, in thus passing through the system, the sugar in such quantities so alters the natural character of the blood as to unfit it for properly performing the healthy operations of life, and in this manner occasions the functional disturbances and structural changes that occur in diabetes. The obvious rational plan of treatment (until a means can be discovered for restoring to the body what is deficient, or correcting what is faulty) is restriction from food charged with unassimilable materials.

"The sugar that may still continue in the urine under abstinence from vegetable food results, I consider, from a non-assimilation of the amyloid substance manufactured by the liver out of the materials resulting from the disintegration of tissue and the retrograde metamorphosis of aliment absorbed into the circulation in excess. As long, however, as the sugar in the urine can be kept down to ten, twelve, or even fifteen hundred grains a day, my experience, as far as it has extended, is, that the patient does not in any way know of the existence of his complaint, otherwise than by the necessity of restricting himself to the regimen essential to attain this object. With only such an amount of sugar escaping, I believe that the blood remains adapted for the healthy performance of all the functional operations of life."

VIII. *Vomiting as a Sign of Disease.* By S. O. HABERSHON, M. D.

In this communication the author has placed together a number of cases of diseases of various kinds in which vomiting was one of the most prominent symptoms, in order to illustrate its value in diagnosis.

The intimate connection of the nerves of the sympathetic plexus with all the abdominal viscera and with the spinal nerves, and the extensive distribution of the pneumogastric which supplies in the abdomen, not only the stomach, but the duodenum, the liver, the pancreas, the kidney, and the supra-renal capsules, and in the chest, extends to the lungs, and communicates with the cardiac ganglia, explains how disturbance of the function of the stomach is frequently owing to disease in some other organ. Irritation in one set of branches of nerves is often seen to manifest itself in the disturbed function of another part supplied by the same nerve.

Dr. Habershon divides the causes of vomiting into those which originate in the stomach itself, and those which arise from its sympathetic connection with the brain, lungs, abdominal viscera, and general nervous system. The effect of these different causes is illustrated by a large number of highly interesting and instructive cases, and most appropriate general remarks are introduced to complete the subject. The communication is one well worthy of attentive study.

IX. *Remarks on Cauliflower Excrescence of the Os Uteri.* By J. BRAXTON HICKS, M. D.

This communication is a contribution of some importance to our knowledge of the pathology and treatment of the peculiar malignant disease of the os uteri, known as "cauliflower excrescence." By using the écraseur, Dr. Hicks has repeatedly removed the whole diseased mass, and submitted it immediately afterwards to microscopical examination. In the early stages of the disease, the villi are affected more particularly; and it extends, subsequently, to the subjacent tissue, and the other structures, as the mucous crypts and channels.

For removing the cervix uteri, in place of the chain in the écraseur, which can only act in a straight line with the shaft, Dr. Hicks finds it better to use a rope of annealed steel wire, which, if the hand cannot pass it round the tumour, is introduced by means of two tubes, like those of Gooch's double canula.

Two plates are attached to this communication, representing a removed tumour, with portions as seen under the microscope, and their anatomical elements.

X. *Case of Diabetic Cataract.* By JOHN F. FRANCE.

This communication gives the history of a case of diabetic cataract, in which the operation of extraction was performed. The escaped broken pieces of the lens, being tested for sugar, gave no indication of its presence. This examination, however, appears to have been made by a person not experienced in chemical analysis. The operation of extraction, as might, we think, be anticipated in such cases, proved a complete failure; the eye became inflamed and vision was irretrievably extinguished.

We cannot forbear, in this place, to call the attention of all those interested in the subject of diabetic cataract, to the three remarkable articles contributed by Dr. E. Lecorché, to the May, June, and July numbers of the *Archives Générales de Médecine.* They contain, so far as we are able to judge, all the information that can be acquired on this subject, at the present day. Among the conclusions to which Dr. Lecorché arrives, we may notice these: that diabetic cataract is not owing to saturation of the aqueous humour by sugar or an acid, but must be considered as one of the manifestations of the profound deterioration of the organism, and that it only appears at an advanced stage of diabetes, and affords a prognosis of certain and not distant death.

XI. *A case of severe Mutilation of the Forearm, with extensive loss of Bone.* Communicated by Mr. RICHARD EAGER, of Guilford. With some *Practical Observations on Injuries of the Forearm and Hand.* By EDWARD COCK.

The case of Mr. Eager, recorded in this communication, is one of the many on record, where, by judicious treatment and skilful surgical appliance, a limb has been preserved which at first sight, from the severity and complication of the injury, might reasonably have been consigned to the amputating knife of the surgeon. The accompanying observations of Mr. Cock upon the circumstances that should guide the opinion of the surgeon, when called upon to decide on the retention or removal of a part of the body, are eminently judicious.

A plate represents portions of the bones of the forearm which were removed when the arm was first dressed. That removed from the radius measured $3\frac{7}{10}$ inches in length; the portion of the ulna $1\frac{3}{10}$ inches.

XII. *Description of a Case of Intra-parietal Hernia, with references to Cases which were probably of a similar kind.* By John Birkett.

The case related in this communication is not unique, yet it offered facilities for a far more accurate examination than is generally made, and on this account its study is particularly interesting. The histories of a number of cases that resemble the one in question are also related, so that the paper forms quite an important contribution to the science of abdominal hernia. The practical conclusions we may draw from it are these: When called upon to operate in a case in which all the symptoms of strangulated hernia exist, after the contents of a hernial sac are supposed to have been reduced into the peritoneal cavity, the surgeon must examine, first, the upper part of the scrotum and the external abdominal ring for any portion of the hernial sac. Not meeting with it there, the inguinal canal must be opened by cutting the aponeurosis of the external abdominal oblique muscle from near the upper margin of the ring outwards and upwards towards the crest of the ilium. The hernial sac and its contents may be encountered here, lodged between the anterior abdominal walls, or running backwards into the iliac fossa. Should this not be the case, the spermatic cord must be followed through the internal abdominal ring, and there between the peritoneum and the internal abdominal fascia the hernial tumour is discovered. The surgeon then opens the sac, finds the intestine, and is surprised to find with what facility he is enabled to replace it in what he believes to be the peritoneal cavity. But this very facility should induce him to seek further, for the case is then probably one where the hernia has escaped through a laceration in the neck of the hernial sac. He should next pass his index finger along the upper surface of the intestine and the mesentery, and it will reach the orifice of the hernial sac, which firmly constricts the bowel. This being dilated or incised, the hernia can be returned into the peritoneal cavity.[1]

A plate containing two figures is attached to this communication, for the purpose of illustrating the case of intra-parietal hernia therein described.

XIII. *Case of Compound Fracture and Dislocation of the Astragalus.* By Thomas Bryant.

This communication contains simply the report of a case of compound fracture and dislocation of the astragalus, where the patient recovered without amputation, and with the ability of taking free exercise without any inconvenience. It is accompanied by a plate representing some nine separate portions of the astragalus removed after the accident, and in subsequent operations.

XIV. *Description of some New Wax Models, illustrating a Peculiar Atrophy of the Skin, &c.* By the Curator.

According to his usual custom, the Curator of the Museum gives, in this communication, a description of the more remarkable models of cutaneous diseases, which have been added during the year. They include a peculiar *linear atrophy of the skin*, the *eruption of glanders*, the *purpuric stage of smallpox*, *syphilitic keloid*, a peculiar inflammation of the skin which is styled *dermatitis*, and hands affected by *oxalic acid*.

*Linear atrophy of the skin* is a condition resembling the *lineæ gravidarum*, and derives a peculiar interest from the fact that it may arise from a morbid process, and without any previous stretching of the surface. In the cases from which the models were taken, such marks were found on the limbs both of a young man and a young woman, without there having been any previous distension of the integument. This is a matter, therefore, not only of scientific interest, but also of practical importance: for there is no reason why such marks should not arise from a similar morbid process on the abdomen of an unimpregnated woman; and if so, their diagnostic value as a sure sign of pregnancy or previous distension is of far less importance than is generally supposed.

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[1] See the number of the Journal for April, 1860, for an analysis of a valuable communication of Mr. Birkett to the "Medico-Chirurgical Transactions" (vol. xlii.), on the subject of *réduction en bloc*, in strangulated oblique inguinal hernia.

A plate attached to this communication shows the leg of the young man affected by the linear atrophy of the skin, displayed in the transverse markings running across the lower anterior portion of the thigh.

XV. *On Paralysis of the Lower Extremities, consequent upon Disease of the Bladder and Kidneys* (*Urinary Paraplegia*). By WILLIAM GULL, M. D.

It is a well-established fact in medicine, that paralysis of the lower extremities is occasionally caused by diseases of the urinary organs; but medical authorities are not agreed upon the state of the spinal cord in these cases, nor upon the character of the morbid processes by which the cord is affected.

In this communication Dr. Gull argues very forcibly against the opinion, which is the one generally held, that this peculiar form of paralysis depends upon mere reflex irritation. At no age is the nervous system more susceptible than in childhood, and yet children are not commonly the subjects of urinary paraplegia. In women, again, calculus, cystitis, and pyelitis are not unfrequent, and nevertheless urinary paraplegia in them is extremely rare. The cause of their immunity, he says, is not to be found in their having a less susceptible nervous system, which the reflex theory would seem to require, but in the less complicated anatomical conditions of their urinary organs, and consequently a less need of mechanical interference, and, therefore, a less liability to the extension of inflammation to the pelvic structures and the cord. From facts like these, Dr. Gull concludes that urinary paraplegia arises from an altered nutrition of the cord, due to extension of the disease through continuous structures to the cord itself. He states, in addition, that as yet no case of the disease has been fully examined, post-mortem, without finding degeneration of a part of the cord.

XVI. *Contributions to the Practical Surgery of New Growths or Tumours.* Series IV.—CYSTS (continued). By JOHN BIRKETT.

A contribution of Mr. Birkett to the last volume of the "Reports," contained a series of cases illustrating the development of cysts of various kinds in the connective tissue of the body and their treatment. In this paper he proposes, he says, to relate a series of cases illustrating the formation of cysts in some of the organs of the body and their treatment. The cases to be found in it are four of cysts in the thyroid gland, two of cysts in the parotid, and six of cysts in the mammary gland. We feel bound to say, in self-justification, that a diligent search has not enabled us to find one fact or one remark worthy of being republished, in the whole of this paper.

In taking leave of this volume of the "Reports," while acknowledging its value, on the whole, as a contribution to the art and science of medicine, we must venture to express the regret that more time is not habitually expended by several of the writers in elaborating their communications. W. F. A.

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## ART. XIX.—*Annuaire de Thérapeutique, de Matière Médicale, de Pharmacie et de Toxicologie, pour* 1861. Par A. BOUCHARDAT. *Supplement à l'Annuaire de Thérapeutique, &c., pour* 1861. Paris.

THE name of M. Bouchardat stands high on the list of those zealous contributors to medical science, whose scientific knowledge and correct judgment, joined to patient industry, enable them to confer favours upon their professional brethren, and to aid the advance of investigation by recording its progress. It is well known to most of our readers that for each successive year since 1841, he has presented to the public a resumé of the important facts and improvements